Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>12-30-08</u>	Address:	224 S 22nd	
Case #:	<u>35-28522</u>		Vincennes,In	
County:	Knox			
Type of Laboratory Seizure (check one)		Scizure Location (check all that apply)		
= .	onal Lab al/Glassware/Equipment (only) te (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open - No Structure ☐ Other:	
_(check all th	nd: Location (bedroom, kitchen, open ai at apply) /Ammonia Reaction(s):	<u>r, etc)</u>		
Red Phosphorous/Iodine Reaction(s):				
☐ Flammable Solvents: Empty				
Water Reactive Metal (Lithium):				
Anhydrous Ammonia: Fire exinguisher/ empty				
☐ Hydrochloric Acid Gas Generator(s): <u>Dried up</u>				
Corrosive Acid:				
Corrosive Base:				
Other (item and location);				
Child under age 18 discovered (check one) Yes (number present) No Hi yes, fax report to Child Protective Services		Investigative Information Tephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:		
This report	is to be faxed to the following agen-	cies that serve the lo	cation:	
Fire Department: <u>Vincennes</u> Health Department: <u>Knox County</u> Child Protection Service: <u>N/A</u>		Fax: <u>812-88</u> Fax: <u>812-88</u>	Fax: 812-882-4261 l'ax: 812-882-5625 Fax:	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Doug Humphrey Phone 812-867-2079 This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department.				

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.

listed within 24 hours of scene processing.